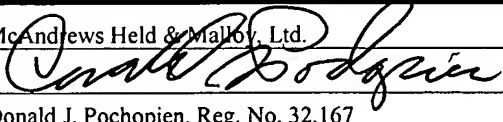
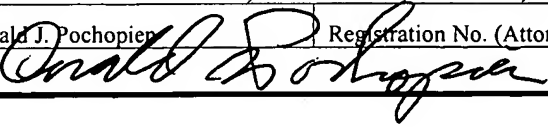


<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)		Application Number 10/521,008	
		Filing Date January 03, 2005	
		First Named Inventor Van Den Hazel, et al.	
		Art Unit N/A	
		Examiner Name N/A	
Total Number of Pages in This Submission 2		Attorney Docket Number 0253.410US/16384US04	
<b>ENCLOSURES (check all that apply)</b>			
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Notice of Missing Parts <input type="checkbox"/> Copy of Notification of Missing Requirements Under 35 U.S.C. 371 <input type="checkbox"/> Executed Declaration	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, and Correspondence Address Indication Form <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return-Receipt Postcard <input type="checkbox"/> Other Enclosure(s) (please identify below):	
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<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>			
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**POWER OF ATTORNEY  
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INDICATION FORM**

Application Number	10/521,008
Filing Date	June 23, 2003
First Named Inventor	Bart Van Den Hazel
Title	Full-Length Interferon Gamma
Art Unit	Unassigned
Examiner Name	Unassigned
Attorney Docket Number	0253.410

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

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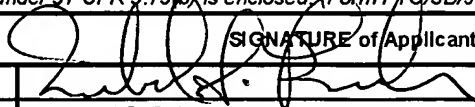
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I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	24 OCT 2005
Name	Michael S. Rabson	Telephone	650-298-5300
Title and Company	Senior Vice President, Maxygen, Inc.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ \*Total of \_\_\_\_\_ forms are submitted.**Certificate of Mailing under 37 C.F.R. §1.8**I hereby certify that this is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:  
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